

MENTAL HEALTH REHOSPITALIZATION

OF CHILDREN AND ADOLESCENTS IN SAN DIEGO COUNTY



What is the Purpose?

To determine the 30-day and six-month rates of rehospitalization, to identify child/adolescent characteristics associated with rehospitalization, to describe aftercare services received by hospitalized youth, and to evaluate how aftercare use may be associated with the likelihood of rehospitalization.

Why is This Important?

- **System Burden** – Hospitalizations are costly.
- **Disruption** – Hospitalizations can be stressful and disruptive for the child and family. Less restrictive environments are preferable.

What are Rehospitalization Rates in San Diego County?

In FY09-10, 569 youth were hospitalized.

- 15% (n=85) of these youth were rehospitalized within 30 days after discharge from their hospitalization.
- 28% (n=161) of these youth were rehospitalized within six months.

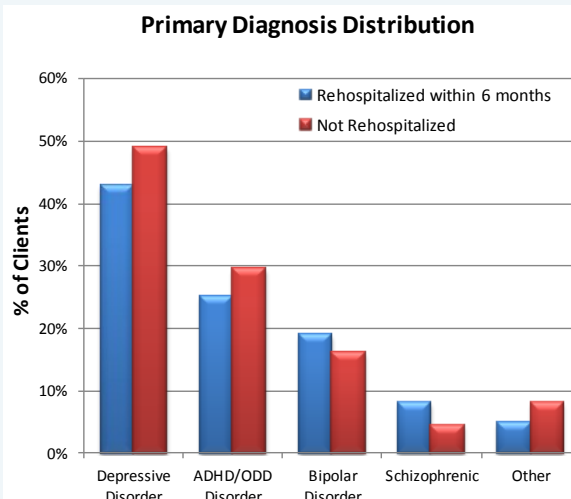
How do San Diego Rates Compare with National Studies?

San Diego County's rehospitalization rates fall generally within the published ranges of youth rehospitalization rates.

- Published rates for rehospitalization within the first 30 days post discharge range between 9% and 18% (Fontanella, 2008; James et al., 2010).
- One study reported a 19% rehospitalization rate at six months post discharge (Arnold et al., 2003), other studies report rates between 32% and 34% at one year post discharge (e.g., Blader, 2004; James et al., 2010).

Who is Rehospitalized Within Six Months?

Of the 161 youth who were rehospitalized within six months of discharge from a previous hospitalization, 59% were female, 84% had Medi-Cal only insurance, and 12% had a comorbid substance abuse diagnosis. Average age was 14 years old. Thirty percent were White, 43% Hispanic, 20% African-American, and 7% were another race/ethnicity.



KEY FINDINGS

- ◆ Six-month rehospitalization rates were relatively high, but 30-day rates were generally within the documented range.
- ◆ Age, race/ethnicity, and gender were not related to risk of rehospitalization within six months, indicating a lack of disparities.



- ◆ A diagnosis of schizophrenia was associated with a strong risk of rehospitalization.
- ◆ The majority of hospitalized youth (77%) received aftercare services within six months of discharge.
- ◆ Receipt of day treatment services was associated with reduced risk of rehospitalization at six months.

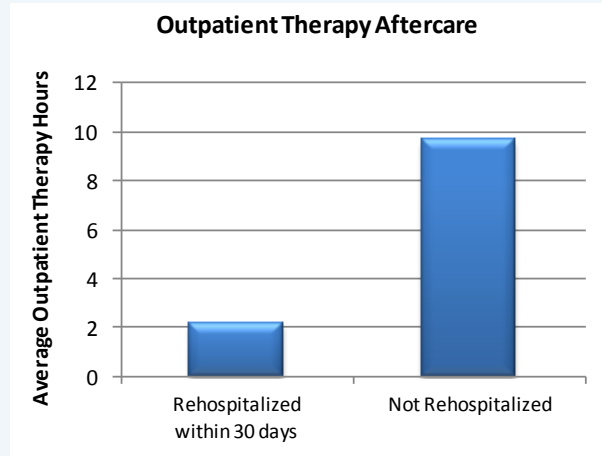
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What Factors are Associated with Rehospitalization Within 30 Days?

Analyses of client characteristics, different types of aftercare service, and amount of service use were conducted for the 30-day rehospitalization period.

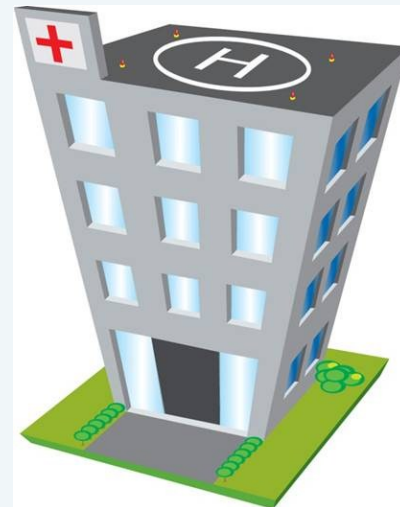
- Clients with a diagnosis of schizophrenia, bipolar, or ADHD/ODD were more likely to be rehospitalized within 30 days of discharge.
- Race/ethnicity was not related to risk of rehospitalization within 30 days of discharge.
- Youth who received more outpatient therapy hours were less likely to be rehospitalized within 30 days.



What Factors are Associated with Rehospitalization Within Six Months?

Analyses of client characteristics, different types of aftercare service, and amount of service use were conducted for the for the six-month rehospitalization period.

- A diagnosis of schizophrenia was associated with at least twice the risk of rehospitalization within six months.
- Receiving more day treatment hours was associated with less risk of rehospitalization within six months. No other types of aftercare services reduced the risk of being rehospitalized within six months.
- Race/ethnicity, gender, age, insurance status, and dual diagnosis status were not related to risk of rehospitalization within six months.



How Much Aftercare did Rehospitalized Youth Receive?

Type of Aftercare Service	Clients Rehospitalized within Six Months (N=161)	
	Number of Clients	Average Hours
Outpatient service (therapy, assessment, collateral, case management)	101	9.25
Day Treatment	23	168.35
Medication Support	74	2.13
Therapeutic Behavioral Services (TBS)	22	23.08

- ◆ Aftercare was defined as a mental health service received after discharge from the original FY2009-10 hospitalization.
- ◆ Clients may have received more than one service.

CASRC is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of the Child & Adolescent Services Research Center (CASRC) is to improve publicly funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.